

NAME (LAST)	(FIRST)	(M.I.)
MCCANN JOHN E		

EMPLOYEE NO.	SOCIAL SECURITY NO.
[REDACTED]	[REDACTED]

DATE OF BIRTH			DATE OF APPOINTMENT		
(DAY)	(MONTH)	(YEAR)	(DAY)	(MONTH)	(YEAR)
[REDACTED]	1943		14	SEPTEMBER	1970

DATE OF PHOTOGRAPH:
JANUARY 1974



Date 7 NOV 95

Sword
88745

**ACKNOWLEDGEMENT OF
RESPONSIBILITY**

I John McCann do hereby acknowledge receipt
of a Chicago Police Department photo identification card. I
understand that I am bound by all Department directives regarding
the possession, display and use of this card.

Signature



Print Name

John McCann

SS#



Unit

620

STATE OF ILLINOIS
County of Cook
CITY OF CHICAGO

STAR 15116

I, John E. McCann

(PRINT)

office of

PATROLMAN

having been appointed to the

do solemnly swear that I will support the Constitution of the United States, and the Constitution of the State of Illinois, and that I will faithfully discharge the duties of the office of such, according to the best of my ability.

Subscribed and sworn to before me, this

14 day of Sept 19 70.

SIGNATURE

NOTARY PUBLIC

PERSONNEL ORDER NO. 2 -054
"B" SERIES EMPLOYMENT

17 March 2004

Resignations for Department members have been processed as follows:

<u>Name</u>	<u>Empl. #</u>	<u>Title</u>	<u>Unit/Detail</u>	<u>Effective Date</u>
BEARD, Samuel L.		Crossing Guard	007	27 Feb 2004
CZARNY, Sherry A.		Crossing Guard	LOA	15 Jan 2004
LUNDGREN, Mark A.		Police Officer	LOA	23 Feb 2004
MC CANN, John E.		Detective	620	15 Mar 2004
MC PHILIMY, Patrick M.		Dir. of Grants Mgt.	127	19 Mar 2004
MOKSTAD, William A.		Police Officer	050	03 Mar 2004
MYERS, Miles D.		Police Officer	050	15 Mar 2004
O CONNOR, Terrence W.		Detective	630	15 Mar 2004
OHSE, Rory J.		Police Officer	022	03 Mar 2004
PODALSKI, Kenneth		Police Officer	057	15 Mar 2004
ROBINSON, Richard J.		Police Agent	121	15 Mar 2004
RODE, James M.		Explosive Canine Handler	050	15 Mar 2004
SHANNON, Laretta		Police Officer	021	29 Feb 2004
TAPKOWSKI, Dana		Police Officer	017	20 Feb 2004
TUNNEY, Michael J.		Police Officer	008	05 Mar 2004
VIOLA, James A.		Police Officer	146	27 Feb 2004
WOLBERG, Daniel A.		Investigator II OPS	113	28 Feb 2004

Philip J. Cline
Superintendent of Police

Authenticated: 

DISTRIBUTION: E

PERSONNEL ORDER NO. 2004-054
"B" SERIES EMPLOYMENT

**PERSONNEL ACTION REQUEST
CHICAGO POLICE DEPARTMENT**

MEMBER TO BE AFFECTED (LAST NAME - FIRST - M.I.)

Mc CANN, John E.

STAR / BADGE NO.

20461

TODAY'S DATE

21 Jan 04

EMPLOYEE NO.

UNIT ASSIGNED

620

EFFECTIVE DATE

JOB TITLE

15 Mar 04 Detective

SOCIAL SECURITY NO.

TYPE OF ACTION

CHECK TYPE OF ACTION HERE (DO NOT CHECK MORE THAN ONE)	INFORMATION REQUIRED (ENTER INFORMATION IN "REMARKS" SECTION BELOW)	SIGNATURES REQUIRED
EXCUSED WITHOUT PAY - DISCIPLINARY	GIVE EFFECTIVE DATE, CIRCUMSTANCES & C.R. NO.	UNIT C.O.
EXCUSED WITHOUT PAY - NON-DISCIPLINARY	GIVE EFFECTIVE DATE & CIRCUMSTANCES.	UNIT C.O.
ABSENCE WITHOUT PAY - AWOP	GIVE EFFECTIVE DATE & CIRCUMSTANCES. STATE WHETHER OR NOT MEMBER NOTIFIED SUPERVISOR.	UNIT C.O.
TERMINATION - JOB ABANDONMENT	GIVE EFFECTIVE DATE: F.O.P. - ACTION TAKEN AFTER 4 CONSECUTIVE WORKDAYS AWOP AFSCME & UNIT II - ACTION TAKEN AFTER 5 CONSECUTIVE WORKDAYS AWOP	UNIT C.O., AREA CHIEF OR DIVISION C.O.
LEAVE, DISABILITY PENSION - SWORN ONLY	ATTACH MEDICAL REPORTS, COMPLETE REVERSE SIDE.	MEMBER, MEDICAL DIRECTOR
LEAVE, MILITARY (PAID ENCAMPMT.-14 DAYS MAX.)	GIVE DATES, ATTACH COPY OF OFFICIAL ORDER, COMPLETE REVERSE SIDE.	MEMBER, UNIT C.O., AREA CHIEF OR DIVISION C.O.
LEAVE, MILITARY - WITHOUT PAY	GIVE DATES, ATTACH COPY OF OFFICIAL ORDERS, COMPLETE REVERSE SIDE. IF OVER 29 DAYS, ALSO ATTACH PER-73 (CITY REQUEST FOR LEAVE) AND PER-78 (EXIT INTERVIEW REPORT).	MEMBER, UNIT C.O., AREA CHIEF OR DIVISION C.O.
UNPAID ABSENCE (29 DAYS AND UNDER) - NO INSURANCE BENEFITS	GIVE REASON & RETURN DATE, COMPLETE AND SIGN REVERSE SIDE.	MEMBER, UNIT C.O., AREA CHIEF OR DIVISION C.O.
LEAVE, OTHER (30 DAYS AND OVER)	GIVE REASON & LENGTH OF LEAVE REQUESTED, COMPLETE REVERSE SIDE. ATTACH PER-73, (CITY REQUEST FOR LEAVE) AND PER-78 (EXIT INTERVIEW REPORT).	MEMBER, UNIT C.O., AREA CHIEF OR DIVISION C.O., DEP. Supt., B.A.S.
LEAVE, EXTENSION OF	GIVE DATES & REASON, COMPLETE REVERSE SIDE, ATTACH PER-73 (CITY REQUEST FOR LEAVE).	MEMBER
MARRIAGE LEAVE	GIVE DATES REQUESTED FOR LEAVE, DATE OF CEREMONY & SPOUSE'S NAME	MEMBER, UNIT C.O.
NAME CHANGE	GIVE NEW NAME. IF OTHER THAN BIRTH NAME, ATTACH VERIFICATION / EXPLANATION	MEMBER, UNIT C.O.
RETIREMENT	GIVE EFFECTIVE DATE ATTACH PER-78 (EXIT INTERVIEW REPORT). AS SOON AS RESIGNATION IS ACTED ON BY THE COMMANDING OFFICER, THE COMMANDING OFFICER WILL NOTIFY THE INTERNAL AFFAIRS DIVISION AND THE PERSONNEL DIVISION BY PAX TELEPHONE	MEMBER, UNIT C.O., AREA CHIEF OR DIVISION C.O.
RESIGNATION	GIVE EFFECTIVE DATE & REASON	MEMBER, UNIT C.O., AREA CHIEF OR DIVISION C.O.
SEPARATION TO ACCEPT OTHER CITY POSITION / TITLE	GIVE EFFECTIVE DATE, NEW JOB TITLE & NAME OF NEW CITY DEPARTMENT	MEMBER, UNIT C.O., AREA CHIEF OR DIVISION C.O.
DEATH IN FAMILY	GIVE DATES & RELATIONSHIP TO DECEASED	MEMBER, UNIT C.O., AREA CHIEF OR DIVISION C.O.
TRANSFER REQUEST	COMPLETE PERSONNEL TRANSFER & ASSIGNMENT SECTION BELOW	MEMBER, UNIT C.O., AREA CHIEF OR DIVISION C.O., DEP. Supt.
RECOGNIZED OPENING BID (FOP)	COMPLETE PERSONNEL TRANSFER & ASSIGNMENT SECTION BELOW	MEMBER
RECOGNIZED VACANCY BID (FOP)	COMPLETE PERSONNEL TRANSFER & ASSIGNMENT SECTION BELOW	MEMBER

PERSONNEL TRANSFER & ASSIGNMENT SECTION

UNIT OF ASSIGNMENT REQUESTED	HOME ADDRESS	HOME TELEPHONE NO.	SENIORITY DATE	TITLE CODE	GRADE
DATE ASSIGNED TO PRESENT UNIT	DATE OF BIRTH	<input type="checkbox"/> UNIT NOTICE OF RECOGNIZED OPENING NO. <input type="checkbox"/> RECOGNIZED VACANCY LISTING ADMINISTRATIVE MESSAGE FACSIMILE NETWORK NO:		POSITION REQUESTED	
DATE SUBMITTED	TIME SUBMITTED	COMMANDING OFFICER / WATCH COMMANDER'S SIGNATURE			STAR NO.

REMARKS SECTION

Effective 15 Mar 04 at the close of business.

SIGNATURES

SIGNATURE	SIGNATURE & TITLE (UNIT C.O.)	<input type="checkbox"/> RECOMMEND APPROVAL <input type="checkbox"/> DISAPPROVAL	<input type="checkbox"/> RECOMMEND APPROVAL <input type="checkbox"/> DISAPPROVAL
FOR PERSONNEL DIVISION / BUREAU OF ADMINISTRATIVE SERVICES USE ONLY		<input checked="" type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED	

1 A.D. CLEARANCE
AS OF:

Name (Print)

COMPLETE ONLY IF EMPLOYEE IS LEAVING CITY SERVICE

DATE 27 Jan 04

EXIT INTERVIEW REPORT

SSN

Employee's Reason for Leaving: Check most appropriate reason

Detective

Title

Code No.

Chicago Police Dept. 1180

Employing Department

Payroll No.

Home Address

60655
Zip

*VOLUNTARY

- 01 ☐ Other employment
02 ☐ AWOL - No reason Given
03 ☐ Family Responsibilities
04 ☐ Return to School
05 ☐ Military service

- 06 ☐ Retirement
07 ☐ Marriage
08 ☐ Maternity
09 ☐ Relocation
10 ☐ Leave of Absence-Personal

Dissatisfaction with:

- 11 ☐ Working Conditions
12 ☐ Promotional opportunity
13 ☐ Compensation
14 ☐ Hours
15 ☐ Supervision

☐ Other

*INVOLUNTARY

30 ☐ Violation of City Personnel Rule _____, Section _____

Paragraph _____ as noted:

- 55 ☐ Discontinuation of Function
56 ☐ Reduction in Force
57 ☐ Lay Off - Seasonal
58 ☐ Compulsory Retirement
☐ Other

Starting Date
with City

Last Day
Worked

Last Day on
Payroll

Salary at time of separation \$ 6,245.50 mo.

Vacation Pay after Last Day Worked, if any

\$ _____ From _____ Thru _____

Name of Immediate Supervisor

Telephone No.

Former CETA employee?

☐ Yes

☐ No

If yes, when? _____ to _____

*Additional comments required

Interviewer Signature

Title

Tel. No.

Employee Signature

White Copy-Department of Personnel Yellow Copy-Employing Department Pink Copy-Employee

Revised 1/80

PER78

I hereby tender my resignation as _____

(Position or Rank)

from the Department of Police, to take effect if I fail to report for

duty immediately at the expiration of my leave. _____

(Expiration Date of Leave)

Signature of Member

I hereby accept the resignation of _____

because of failure

to comply with the agreement, this _____

day of _____

20 _____

Superintendent of Police

LEAVE OF ABSENCE AGREEMENT
MEMBER MUST COMPLETE THIS SECTION WHEN
REQUESTING ANY LEAVE OF ABSENCE

**PERSONNEL ACTION REQUEST
CHICAGO POLICE DEPARTMENT**

TODAY'S DATE

21 Jan 04

MEMBER TO BE AFFECTED (LAST NAME - FIRST - M.I.)

Mc CANN, John E.

STAR / BADGE NO.

20461

EMPLOYEE NO.

UNIT ASSIG

620

EFFECTIVE DATE

15 Mar 04

JOB TITLE

Detective

SOCIAL SECURITY NO.

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LEAVE, MILITARY (PAID ENCAMPMT.-14 DAYS MAX.)	GIVE DATES, ATTACH COPY OF OFFICIAL ORDER, COMPLETE REVERSE SIDE.	MEMBER, UNIT C.O., AREA CHIEF OR DIVISION C.
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LEAVE, EXTENSION OF	GIVE DATES & REASON, COMPLETE REVERSE SIDE, ATTACH PER-73 (CITY REQUEST FOR LEAVE).	MEMBER
MARRIAGE LEAVE	GIVE DATES REQUESTED FOR LEAVE, DATE OF CEREMONY & SPOUSE'S NAME.	MEMBER, UNIT C.O.
NAME CHANGE	GIVE NEW NAME IF OTHER THAN BIRTH NAME. ATTACH CERTIFICATE OF NAME CHANGE.	MEMBER, UNIT C.O.
RETIREMENT	GIVE EFFECTIVE DATE. ATTACH PER-78 (EXIT INTERVIEW REPORT). AS SOON AS NEW CITY IS DETERMINED, THE COMMANDING OFFICER WILL NOTIFY THE INTERNAL AFFAIRS DIVISION AND THE PERSONNEL DIVISION BY PAX TELEPHONE.	MEMBER, UNIT C.O., AREA CHIEF OR DIVISION C.
RESIGNATION	GIVE EFFECTIVE DATE & REASON.	MEMBER, UNIT C.O., AREA CHIEF OR DIVISION C.
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TRANSFER REQUEST	COMPLETE PERSONNEL TRANSFER & ASSIGNMENT SECTION BELOW.	MEMBER, UNIT C.O., AREA CHIEF OR DIVISION C. DEP: SUPT.
RECOGNIZED OPENING BID (FOP)	COMPLETE PERSONNEL TRANSFER & ASSIGNMENT SECTION BELOW.	MEMBER
RECOGNIZED VACANCY BID (FOP)	COMPLETE PERSONNEL TRANSFER & ASSIGNMENT SECTION BELOW.	MEMBER

PERSONNEL TRANSFER & ASSIGNMENT SECTION

UNIT OF ASSIGNMENT REQUESTED	HOME ADDRESS	HOME TELEPHONE NO.	SENIORITY DATE	TITLE CODE	GRA
DATE ASSIGNED TO PRESENT UNIT	DATE OF BIRTH	<input type="checkbox"/> UNIT NOTICE OF RECOGNIZED OPENING NO. <input type="checkbox"/> RECOGNIZED VACANCY LISTING ADMINISTRATIVE MESSAGE <input type="checkbox"/> FACSIMILE NETWORK NO.		POSITION REQUESTED	
DATE SUBMITTED	TIME SUBMITTED	COMMANDING OFFICER / WATCH COMMANDER'S SIGNATURE			STAR NO.

REMARKS SECTION

Effective 15 Mar 04 at the close of business.

SIGNATURES

SIGNATURE	<input type="checkbox"/> RECOMMEND APPROVAL <input type="checkbox"/> DISAPPROVAL	SIGNATURE & TITLE
<input checked="" type="checkbox"/> RECOMMEND APPROVAL <input type="checkbox"/> DISAPPROVAL	<input type="checkbox"/> RECOMMEND APPROVAL <input type="checkbox"/> DISAPPROVAL	SIGNATURE & TITLE
FOR PERSONNEL DIVISION / BUREAU OF ADMINISTRATIVE SERVICES USE ONLY		
<input type="checkbox"/> RECOMMEND APPROVAL <input type="checkbox"/> DISAPPROVAL	SIGNATURE	<input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED



City of Chicago
Richard M. Daley, Mayor

Board of Ethics

Dorothy J. Eng
Executive Director

Darryl L. DePriest
Chair

Eileen T. Corcoran
Michael F. Quirk
Mary Beth S. Robinson
Miguel A. Ruiz
Joseph E. Samson

Suite 500
740 North Sedgwick Street
Chicago, Illinois 60610
(312) 744-9660
(312) 744-2793 (FAX)
(312) 744-5996 (TTY)

<http://www.cityofchicago.org>

NOTICE TO CITY EMPLOYEES
OF
CITY ETHICS RULES
CONCERNING POST-CITY EMPLOYMENT

The Governmental Ethics Ordinance, Chapter 2-156 of the Municipal Code of Chicago, contains post-employment restrictions that apply to all former employees of the City.

For example, as a former employee of the City, you are required to comply with section 2-156-070, entitled "Use or Disclosure of Confidential Information," and section 2-156-100, entitled "Post-Employment Restrictions."

This summary outlines some of the restrictions that apply once you leave City service. To the extent this summary differs from the language of the Ordinance, the language of the Ordinance is controlling.

The post-employment restrictions are:

1. You are permanently prohibited from using or disclosing confidential information gained in the course of, or by reason of, your position with the City.
2. For one year after leaving City service, you cannot **assist or represent*** any person other than the City in any business transaction involving the City, if you participated personally and substantially in the subject matter of the transaction during City service.

*** Assist or represent** involves a wide range of activities. The term has been interpreted to mean: making appearances before City agencies on behalf of others; making telephone contact with City employees and officials on behalf of others; signing or submitting proposals, contracts or other documents to City agencies; making contact with employees or officials on behalf of others; as well as acting as a spokesperson for another, or seeking to communicate and promote the interests of one party to another.

NEIGHBORHOODS



ATTENDANCE RECORD

RES 022 FMP

20461

RES 022 FMP

9165 UNIT 620 SSN
CSD 16SEP70 SEN 16SEP70

CYCLE	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100	101	102	103	104	105	106	107	108	109	110	111	112	113	114	115	116	117	118	119	120	121	122	123	124	125	126	127	128	129	130	131	132	133	134	135	136	137	138	139	140	141	142	143	144	145	146	147	148	149	150	151	152	153	154	155	156	157	158	159	160	161	162	163	164	165	166	167	168	169	170	171	172	173	174	175	176	177	178	179	180	181	182	183	184	185	186	187	188	189	190	191	192	193	194	195	196	197	198	199	200	201	202	203	204	205	206	207	208	209	210	211	212	213	214	215	216	217	218	219	220	221	222	223	224	225	226	227	228	229	230	231	232	233	234	235	236	237	238	239	240	241	242	243	244	245	246	247	248	249	250	251	252	253	254	255	256	257	258	259	260	261	262	263	264	265	266	267	268	269	270	271	272	273	274	275	276	277	278	279	280	281	282	283	284	285	286	287	288	289	290	291	292	293	294	295	296	297	298	299	300	301	302	303	304	305	306	307	308	309	310	311	312	313	314	315	316	317	318	319	320	321	322	323	324	325	326	327	328	329	330	331	332	333	334	335	336	337	338	339	340	341	342	343	344	345	346	347	348	349	350	351	352	353	354	355	356	357	358	359	360	361	362	363	364	365	366	367	368	369	370	371	372	373	374	375	376	377	378	379	380	381	382	383	384	385	386	387	388	389	390	391	392	393	394	395	396	397	398	399	400	401	402	403	404	405	406	407	408	409	410	411	412	413	414	415	416	417	418	419	420	421	422	423	424	425	426	427	428	429	430	431	432	433	434	435	436	437	438	439	440	441	442	443	444	445	446	447	448	449	450	451	452	453	454	455	456	457	458	459	460	461	462	463	464	465	466	467	468	469	470	471	472	473	474	475	476	477	478	479	480	481	482	483	484	485	486	487	488	489	490	491	492	493	494	495	496	497	498	499	500	501	502	503	504	505	506	507	508	509	510	511	512	513	514	515	516	517	518	519	520	521	522	523	524	525	526	527	528	529	530	531	532	533	534	535	536	537	538	539	540	541	542	543	544	545	546	547	548	549	550	551	552	553	554	555	556	557	558	559	560	561	562	563	564	565	566	567	568	569	570	571	572	573	574	575	576	577	578	579	580	581	582	583	584	585	586	587	588	589	590	591	592	593	594	595	596	597	598	599	600	601	602	603	604	605	606	607	608	609	610	611	612	613	614	615	616	617	618	619	620	621	622	623	624	625	626	627	628	629	630	631	632	633	634	635	636	637	638	639	640	641	642	643	644	645	646	647	648	649	650	651	652	653	654	655	656	657	658	659	660	661	662	663	664	665	666	667	668	669	670	671	672	673	674	675	676	677	678	679	680	681	682	683	684	685	686	687	688	689	690	691	692	693	694	695	696	697	698	699	700	701	702	703	704	705	706	707	708	709	710	711	712	713	714	715	716	717	718	719	720	721	722	723	724	725	726	727	728	729	730	731	732	733	734	735	736	737	738	739	740	741	742	743	744	745	746	747	748	749	750	751	752	753	754	755	756	757	758	759	760	761	762	763	764	765	766	767	768	769	770	771	772	773	774	775	776	777	778	779	780	781	782	783	784	785	786	787	788	789	790	791	792	793	794	795	796	797	798	799	800	801	802	803	804	805	806	807	808	809	810	811	812	813	814	815	816	817	818	819	820	821	822	823	824	825	826	827	828	829	830	831	832	833	834	835	836	837	838	839	840	841	842	843	844	845	846	847	848	849	850	851	852	853	854	855	856	857	858	859	860	861	862	863	864	865	866	867	868	869	870	871	872	873	874	875	876	877	878	879	880	881	882	883	884	885	886	887	888	889	890	891	892	893	894	895	896	897	898	899	900	901	902	903	904	905	906	907	908	909	910	911	912	913	914	915	916	917	918	919	920	921	922	923	924	925	926	927	928	929	930	931	932	933	934	935	936	937	938	939	940	941	942	943	944	945	946	947	948	949	950	951	952	953	954	955	956	957	958	959	960	961	962	963	964	965	966	967	968	969	970	971	972	973	974	975	976	977	978	979	980	981	982	983	984	985	986	987	988	989	990	991	992	993	994	995	996	997	998	999	1000	1001	1002	1003	1004	1005	1006	1007	1008	1009	1010	1011	1012	1013	1014	1015	1016	1017	1018	1019	1020	1021	1022	1023	1024	1025	1026	1027	1028	1029	1030	1031	1032	1033	1034	1035	1036	1037	1038	1039	1040	1041	1042	1043	1044	1045	1046	1047	1048	1049	1050	1051	1052	1053	1054	1055	1056	1057	1058	1059	1060	1061	1062	1063	1064	1065	1066	1067	1068	1069	1070	1071	1072	1073	1074	1075	1076	1077	1078	1079	1080	1081	1082	1083	1084	1085	1086	1087	1088	1089	1090	1091	1092	1093	1094	1095	1096	1097	1098	1099	1100	1101	1102	1103	1104	1105	1106	1107	1108	1109	1110	1111	1112	1113	1114	1115	1116	1117	1118	1119	1120	1121	1122	1123	1124	1125	1126	1127	1128	1129	1130	1131	1132	1133	1134	1135	1136	1137	1138	1139	1140	1141	1142	1143	1144	1145	1146	1147	1148	1149	1150	1151	1152	1153	1154	1155	1156	1157	1158	1159	1160	1161	1162	1163	1164	1165	1166	1167	1168	1169	1170	1171	1172	1173	1174	1175	1176	1177	1178	1179	1180	1181	1182	1183	1184	1185	1186	1187	1188	1189	1190	1191	1192	1193	1194	1195	1196	1197	1198	1199	1200	1201	1202	1203	1204	1205	1206	1207	1208	1209	1210	1211	1212	1213	1214	1215	1216	1217	1218	1219	1220	1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CYCLE	ACTUAL OVERT. TIME	COMP. TIME	PAYS HOURS	8FD GRANTED				8FD CARRYOVER				P DAYS GRANTED		P DAYS CARRYOVER		TOTAL		ACCRUED FURLONG VAC TIME		
				IOD SP	V	SU DA	FMLA ANSN NL	P 8FD	OUT OF GRADE D2 D3	FLSA ACTUAL TIME	PAID OVERTIME	COMP. TIME HOURS FLSA	OTHER							
8	17 JUL 1970	18 JUL 1970	19 JUL 1970	20 JUL 1970	21 JUL 1970	22 JUL 1970	23 JUL 1970	24 JUL 1970	25 JUL 1970	26 JUL 1970	27 JUL 1970	28 JUL 1970	29 JUL 1970	30 JUL 1970	31 JUL 1970	1 BALANCE FORWARD	2 TOTAL EARNED	3 USED	4 BALANCE	5 EARNED
																16	0	0	0	1437.1
																0	0	0	0	0
																16	0	0	0	0
																80	0	0	0	0
																0	0	0	0	0
																96	0	0	0	1437.1
																56	0	0	0	5 EARNED
																0	0	0	0	0
																56	0	0	0	0
																24	0	0	0	0
																0	0	0	0	0
																80	0	0	0	1437.1
																80	0	0	0	5 EARNED
																0	0	0	0	0
																0	0	0	0	0
																80	0	0	0	8.00
																80	0	0	0	6 USED
																0	0	0	0	0
																160	0	0	0	1445.1
																80	3.00	4.50	0	5 EARNED
																0	0	0	0	0
																80	3.00	4.50	0	8.00
																0	0	0	0	0
																80	3.00	4.50	0	8.00

ML LANIV JUHN E

20461

RES 022 EMP

9165 UNIT 620 SSN

CSD 16SEP70 SEN 16SEP70

RES 022 EMP										# 20461									
9165 UNIT 620 SSN										CSD 16SEP70 SEN 16SEP70									
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CSD 16SEP70 SEN																			

MC CANN JOHN F [REDACTED] # 20461
[REDACTED] RES 022 EMP [REDACTED]
9165 UNIT 620 SSN [REDACTED]
CSD 16SEP70 SEN 16SEP70

CPD-11.602-A (2004) SWORN

MC CANN JOHN E
20461
RES 022 EMP
9105 UNIT 620 SSN
CSD 16SEP70 SEN 16SEP70

20461

RES 022 MP
U.S. DEPT OF JUSTICE

FD-302 (Rev. 4-15-64)

620 SSN UNIT 516

USO 16 SEP 70 NEW 16 SEP 70

FUR. SEG. 1	FUR. SEG. 2
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FUR. SEG.

[illegible]

20461

RES 022 EMP

9165 UNIT 620 SSN [REDACTED]
CSD 16SEP70 SEN 16SEP70

[illegible]

HC CANN JOHN F
20461
RES 022 EMP
9165 UNIT 620 SSN
CSD 16SEP70 SEN 16SEP70

2003 SWORN TIME &
ATTENDANCE RECORD

FUR. TEST 1 FUR. TEST 2
88 88

CYCLE	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
ACTUAL	10/20/70	10/27/70	11/3/70	11/10/70	11/17/70	11/24/70	12/1/70	12/8/70	12/15/70	12/22/70	12/29/70	1/5/71	1/12/71	1/19/71	1/26/71	2/2/71	2/9/71	2/16/71	2/23/71	2/29/71	3/6/71	3/13/71	3/20/71	3/27/71	4/3/71	4/10/71	4/17/71	4/24/71	5/1/71	5/8/71	5/15/71
OVERT																															
COMP.																															
PAY																															
HOURS																															
ACTUAL																															
OVERT																															
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PAY																															
HOURS																															

BFD GRANTED		BFD CARRYOVER		TOTAL		P DAYS CARRIED		P DAYS CARRYOVER		TOTAL		ACCUMULATED		TIME	
100	V	SU	FMLA	P	OUT OF	P	1	2	3	4	5	6	7	8	9
SP	DA	AN	ML	BFD	GRADE	DA	1	2	3	4	5	6	7	8	9
25					D7	D3	40	0	0	0	0	0	0	0	0
25							0	0	0	0	0	0	0	0	0
25							40	0	0	0	0	0	0	0	0
25							80	0	0	0	0	0	0	0	0
25							0	0	0	0	0	0	0	0	0
25							120	0	0	0	0	0	0	0	0
25							80	0	0	0	0	0	0	0	0
25							0	0	0	0	0	0	0	0	0
25							80	0	0	0	0	0	0	0	0
25							0	0	0	0	0	0	0	0	0
25							160	0	0	0	0	0	0	0	0
25							80	0	0	0	0	0	0	0	0
25							0	0	0	0	0	0	0	0	0
25							160	0	0	0	0	0	0	0	0
25							80	0	0	0	0	0	0	0	0
25							0	0	0	0	0	0	0	0	0
25							160	0	0	0	0	0	0	0	0
25							80	0	0	0	0	0	0	0	0
25							0	0	0	0	0	0	0	0	0
25							160	0	0	0	0	0	0	0	0
25							80	0	0	0	0	0	0	0	0
25							0	0	0	0	0	0	0	0	0
25							160	0	0	0	0	0	0	0	0
25							80	0	0	0	0	0	0	0	0
25							0	0	0	0	0	0	0	0	0
25							160	0	0	0	0	0	0	0	0
25							80	0	0	0	0	0	0	0	0
25							0	0	0	0	0	0	0	0	0
25							160	0	0	0	0	0	0	0	0
25							80	0	0	0	0	0	0	0	0
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25							160	0	0	0	0	0	0	0	0
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25							0	0	0	0	0	0	0	0	0
25							160	0	0	0	0	0	0	0	0
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25							160	0	0	0	0	0	0	0	0
25							80	0	0	0	0	0	0	0	0
25							0	0	0	0	0	0	0	0	0
25							160	0	0	0	0	0	0	0	0
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25							160	0	0	0	0	0	0	0	0
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25							160	0	0	0	0	0	0	0	0
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25							160	0	0	0	0	0	0	0	0
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25							0	0	0	0	0	0	0	0	0
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25							160	0	0	0	0	0	0	0	0
25							80	0	0	0	0	0	0	0	0
25							0	0	0	0	0	0	0	0	0
25							160	0	0	0	0	0	0	0	0
25							80	0	0	0	0	0	0	0	0
25							0	0	0	0	0	0	0	0	0
25							160	0	0	0	0	0	0	0	0
25							80	0	0	0	0	0	0	0	0
25							0	0	0	0	0	0	0	0	0
25							160	0	0	0	0	0	0	0	0
25							80	0	0	0	0	0	0	0	0
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25							160	0	0	0	0	0	0	0	0
25							80	0	0	0	0	0	0	0	0
25							0	0	0	0	0	0	0	0	0
25							160	0	0	0	0	0	0	0	0
25							80	0	0	0	0	0	0	0	0
25							0	0	0	0	0	0	0	0	0
25							160	0	0	0	0	0	0	0	0
25							80	0	0	0	0	0	0	0	0
25							0	0	0	0	0	0	0	0	0
25							160	0	0	0	0	0	0	0	0
25							80	0	0	0	0	0	0	0	0
25							0	0	0	0	0	0	0	0	0
25							160	0	0	0	0	0	0	0	0
25							80	0	0	0	0	0	0	0	0
25							0	0	0	0	0	0	0	0	0
25							160	0	0	0	0	0	0	0	0
25							80	0	0	0	0	0	0	0	0
25							0	0	0	0	0	0	0	0	0
25							160	0	0	0	0	0	0	0	0
25							80	0	0	0	0	0	0	0	0
25							0	0	0	0	0	0	0	0	0
25							160	0	0	0	0	0	0	0	0
25							80	0	0	0	0	0	0	0	0
25							0	0	0	0	0	0	0	0	0
25							160	0	0	0	0	0	0	0	0
25							80	0	0	0	0	0	0	0	0
25							0	0	0	0	0	0	0	0	0
25							160	0	0	0	0	0	0	0	0
25							80	0	0	0	0	0	0	0	0
25							0	0	0	0	0	0	0	0	0
25							160	0	0	0	0	0	0	0	0
25							80	0	0	0	0	0	0	0	0
25							0	0	0	0	0	0	0	0	0
25							160	0	0	0	0	0	0	0	0
25							80	0	0	0	0	0	0	0	0
25							0	0	0	0	0	0	0	0	0
25							160	0	0	0	0	0	0	0	0
25							80	0	0	0	0	0	0	0	0
25							0	0	0	0	0	0	0	0	0
25							160	0	0	0	0	0	0	0	0
25							80	0	0	0	0	0	0	0	0
25							0	0	0	0	0	0	0	0	0
25							160	0	0	0	0	0	0	0	0
25							80	0	0	0	0	0	0	0	0
25							0	0	0	0	0	0	0	0	0
25							160	0	0	0	0	0	0	0	0
25															

MC CANN JOHN E

20461

RES 022 EMP

9165 UNIT 620 SSN

CSO 16 SEP 70 SEN 16 SEP 70

[illegible]

[illegible]

3. You are permanently prohibited from assisting or representing any person other than the City on any contracts over which you exercised **contract management authority*** during your City service.

*Contract management authority means personal involvement in or direct supervisory responsibility for the formulation or execution of a City contract, including without limitation the preparation of specifications, evaluation of bids or proposals, negotiation of contract terms or supervision of performance.

4. You are permanently prohibited from assisting or representing any person other than the City in any judicial or administrative proceeding involving the City, if during your City service:
- (a) you were counsel of record; or
 - (b) you participated personally and substantially in the proceeding.

Please note that these restrictions do not prohibit you from accepting employment with anyone; however, they may restrict what you can do in your new employment.

Every City contract must include a provision that requires compliance with Chicago's Governmental Ethics Ordinance. Therefore, if your new employer has an interest in matters involving the City, it is imperative that you and your employer understand what, if any, post-employment restrictions apply to you.

This summary is only an overview intended to help current and former City employees develop a basic understanding of their responsibilities under the Ordinance. For authoritative guidance on specific questions, consultation with the Board of Ethics is recommended. The Board will maintain the confidentiality requirements of the Ordinance. For assistance, call (312) 744-9660.

ACKNOWLEDGMENT BY EMPLOYEE

I hereby acknowledge:

1. that I received a copy of the foregoing "NOTICE TO CITY EMPLOYEES OF CITY ETHICS RULES CONCERNING POST-CITY EMPLOYMENT "; and

2. that I understand that I can view and download the complete text of the City's Governmental Ethics Ordinance by accessing the website of the Board of Ethics at www.cityofchicago.org/Ethics/.

Signature: 

Name: John E. McCann

Date: 9 MAR 04

I:\CEES\DEO FORM\Notice to Employees of PostEm Restrictions.wpd

12/02

employee # 

15 MAR 04 vacate



City of Chicago
Richard M. Daley, Mayor

Board of Ethics

Dorothy J. Eng
Executive Director

Darryl L. DePriest
Chair

Eileen T. Corcoran
Michael F. Quirk
Mary Beth S. Robinson
Miguel A. Ruiz
Joseph E. Samson

Suite 500
740 North Sedgwick Street
Chicago, Illinois 60610
(312) 744-9660
(312) 744-2793 (FAX)
(312) 744-5996 (TTY)

<http://www.cityofchicago.org>

NOTICE TO CITY EMPLOYEES OF CITY ETHICS RULES CONCERNING POST-CITY EMPLOYMENT

The Governmental Ethics Ordinance, Chapter 2-156 of the Municipal Code of Chicago, contains post-employment restrictions that apply to all former employees of the City.

For example, as a former employee of the City, you are required to comply with section 2-156-070, entitled "Use or Disclosure of Confidential Information," and section 2-156-100, entitled "Post-Employment Restrictions."

This summary outlines some of the restrictions that apply once you leave City service. To the extent this summary differs from the language of the Ordinance, the language of the Ordinance is controlling.

The post-employment restrictions are:

1. You are permanently prohibited from using or disclosing confidential information gained in the course of, or by reason of, your position with the City.
2. For one year after leaving City service, you cannot **assist or represent*** any person other than the City in any business transaction involving the City, if you participated personally and substantially in the subject matter of the transaction during City service.

***Assist or represent** involves a wide range of activities. The term has been interpreted to mean: making appearances before City agencies on behalf of others; making telephone contact with City employees and officials on behalf of others; signing or submitting proposals, contracts or other documents to City agencies; making contact with employees or officials on behalf of others; as well as acting as a spokesperson for another, or seeking to communicate and promote the interests of one party to another.

NEIGHBORHOODS



3. You are permanently prohibited from assisting or representing any person other than the City on any contracts over which you exercised contract management authority* during your City service.

*Contract management authority means personal involvement in or direct supervisory responsibility for the formulation or execution of a City contract, including without limitation the preparation of specifications, evaluation of bids or proposals, negotiation of contract terms or supervision of performance.

4. You are permanently prohibited from assisting or representing any person other than the City in any judicial or administrative proceeding involving the City, if during your City service:

- (a) you were counsel of record; or
- (b) you participated personally and substantially in the proceeding.

Please note that these restrictions do not prohibit you from accepting employment with anyone; however, they may restrict what you can do in your new employment.

Every City contract must include a provision that requires compliance with Chicago's Governmental Ethics Ordinance. Therefore, if your new employer has an interest in matters involving the City, it is imperative that you and your employer understand what, if any, post-employment restrictions apply to you.

This summary is only an overview intended to help current and former City employees develop a basic understanding of their responsibilities under the Ordinance. For authoritative guidance on specific questions, consultation with the Board of Ethics is recommended. The Board will maintain the confidentiality requirements of the Ordinance. For assistance, call (312) 744-9660.

ACKNOWLEDGMENT BY EMPLOYEE

I hereby acknowledge:

1. that I received a copy of the foregoing "NOTICE TO CITY EMPLOYEES OF CITY ETHICS RULES CONCERNING POST-CITY EMPLOYMENT"; and

2. that I understand that I can view and download the complete text of the City's Governmental Ethics Ordinance by accessing the website of the Board of Ethics at www.cityofchicago.org/Ethics/.

Signature

Name:

John E. McCann

Date:

Feb 11, 2004

I:\CEES\DEO FORM\Notice to Employees of PostEm Restrictions.wpd

12/02

PERSONNEL CHANGE NOTICE/ CHICAGO POLICE DEPARTMENT

INSTRUCTIONS: Prepare one copy for the Personnel Division for all actions; copy for Unit Commander in actions marked †

NAME (LAST)	(FIRST)	(M.I.)	STAR NO.	EMPLOYEE NO.	FOR ROUTING USE	PAYROLL
MC CANN, John E.			20461			BONDS & INSURANCE
SOCIAL SECURITY NO.			JOB TITLE			TALENT INVENTORY
			Detective			KARDEX
DISTRICT OR UNIT	EFFECTIVE DATE	TODAY'S DATE				JACKET FILE
620	5 Aug 96	5 Aug 96				COMPT. OFFICE, CITY HALL

TYPE OF ACTION

CHECK TYPE OF ACTION HERE	INFORMATION REQUIRED FOR THE TYPE ACTION YOU HAVE CHECKED (SPECIFY IN REMARKS SECTION BELOW)
ADDRESS CHANGE †	Complete Change of Address section below & Change of Address form Per-72 in duplicate.
PHONE CHANGE †	Give old and new telephone no.
BOND CHANGE	Authorize increase or decrease of deduction only, list Social Security No.; for all other changes use C.O.51.
EMERGENCY NOTIFICATION CHANGE †	Give Name, address, telephone number & relationship of person to be notified.
WITHHOLDING TAX CHANGE	Explain change desired & attach W - 4 Form.
CHANGE OF SPOUSE	Give name, address, phone number.
EDUCATIONAL ACHIEVEMENT	Give dates, schools, & details of any additional courses completed. Attach copy of official records.
LANGUAGE SKILLS	List new skills acquired & specify "fluent" or "some familiarity."
MILITARY STATUS CHANGE	Give change in rank, unit, service termination date, etc.
OTHER	Specify change particulars in Remarks Section

REMARKS SECTION

CHANGE OF ADDRESS

	OLD STREET ADDRESS
	NEW STREET ADDRESS
	NEW ZIP CODE
	NEW DISTRICT/RESIDENCE
	60655
	022

Unit will note change on member's unit Personnel Card, Assignment Recall & Check-Off Roster, and District of Residence Check-Off Roster.	FOR PERSONNEL DIVISION USE		WITHHOLDING TAX	HOSPITALIZATION CODE	AMOUNT	SAVINGS BONDS
	PAYROLL NO.	PRESENT				
		NEW (After Change)				

File Copy

PERSONNEL CHANGE NOTICE/ CHICAGO POLICE DEPARTMENT

INSTRUCTIONS: Prepare one copy for the Personnel Division for all actions;
copy for Unit Commander in actions marked †

NAME (LAST)	(FIRST)	(M.I.)	STAR NO.	EMPLOYEE NO.
MC CANN, John	E.		20461	
SECURITY NO.	JOB TITLE			
PERIOD OR UNIT PARING ACTION	620	EFFECTIVE DATE	TODAY'S DATE	
		5 Aug 96	5 Aug 96	

FOR ROUTING USE

PAYROLL
BONDS & INSURANCE
TALENT INVENTORY
KARDEX
JACKET FILE
COMPT. OFFICE, CITY HALL

CHECK TYPE OF ACTION HERE	TYPE OF ACTION	INFORMATION REQUIRED FOR THE TYPE ACTION YOU HAVE CHECKED (SPECIFY IN REMARKS SECTION BELOW)
ADDRESS CHANGE †	Complete Change of Address section below & Change of Address form Per-72 in duplicate.	
PHONE CHANGE †	Give old and new telephone no.	
SECOND CHANGE	Authorize Increase or decrease of deduction only, list Social Security No.; for all other changes use C.O.51.	
EMERGENCY NOTIFICATION CHANGE †	Give Name, address, telephone number & relationship of person to be notified.	
WITHHOLDING TAX CHANGE	Explain change desired & attach W-4 Form.	
CHANGE OF SPOUSE	Give name, address, telephone number.	
EDUCATIONAL ACHIEVEMENT	Give dates, schools, & details of any additional courses completed; Attach copy of official records.	
LANGUAGE SKILLS	List new skills acquired & specify "fluent" or "some familiarity."	
MILITARY STATUS CHANGE	Give change in rank, unit, service termination date, etc.	
OTHER	Specify change particulars in Remarks Section	

USED
ENTERED
#801

REMARKS SECTION	CHANGE OF ADDRESS
	OLD STREET ADDRESS
	NEW STREET ADDRESS
	NEW ZIP CODE
	NEW DISTRICT/RESIDENCE
	60655
	022

INCLUDE OF MEMBER	FOR PERSONNEL DIVISION USE	WITHHOLDING TAX	HOSPITALIZATION CODE	AMOUNT	SAVINGS BONDS
		PAYROLL NO.	PRESENT		
		NEW (After Change)			

Unit will note change on member's Unit Personnel Card,
of Assignment Recall & Check-Off Roster, and
of Residence Check-Off Roster.



City of Chicago
Employee Change of Address Form

Department Police Department Bureau _____

Name McCann, John E.

Position title Detective

Social Security number [REDACTED]

I understand and acknowledge that as a condition of employment with the City of Chicago I must be an actual resident of the City of Chicago.

Old Address [REDACTED] Zip Code 60652

New Address [REDACTED] Zip Code 60655

Effective Date 5 Aug 96

New Phone Number [REDACTED]

I understand that the falsification of this statement of address shall constitute grounds for discharge from the City Service.

I understand and acknowledge that I must report any change of address immediately to my department head and to the Department of Personnel and that failure to provide such notification shall constitute grounds for discharge from the City Service.

By signing this residency affidavit, I acknowledge and represent that I have fully read and understand both the front and reverse sides of this residency affidavit, and further certify that the information which I have provided herein is true and correct.

Signed [REDACTED]

Date 14 AUG 96

Complete and sign two copies.
First copy to departmental file.
Second copy to Department of Personnel.

DISTRICT NO. 620

STATE OF ILLINOIS)
COUNTY OF COOK)

I, Dorothy Brown, Clerk of the Circuit Court of Cook County, Illinois by virtue of the power and authority vested in me by the laws of the State of Illinois, hereby appoint JOHN MCCANN a Deputy Clerk of said Court and during the time he/she shall be such Deputy, I hereby authorize and empower him/her only to administer oaths in my name to persons who sign complaints for violations of laws, to execute subpoenas requiring the appearances of witnesses regarding said violations, take sworn statements from arresting officers under Section 11.501.1 of the Illinois Motor Vehicle Code, to administer oaths to persons who execute bail bonds as surety, and accept and file, on behalf of the Clerk, complaints for ordinance violations where no jail sentence could be imposed.

Given under my hand JAN 11, 2001

DOROTHY BROWN
Clerk of the Circuit Court of Cook County, Illinois

By [REDACTED] Deputy Clerk

The undersigned, having duly qualified as a Deputy Clerk of the Circuit Court of Cook County, Illinois, does hereby accept the appointment as a Deputy Clerk for the sole and only purpose of administering oaths to persons who sign complaints for violations of laws, to execute subpoenas requiring the appearances of witnesses regarding said violations, take sworn statements from arresting officers under Section 11.501.1 of the Illinois Motor Vehicle Code, to administer oaths to persons who execute bail bonds as surety, accept and file, on behalf of the Clerk, complaints for ordinance violations where no jail sentence could be imposed. The undersigned waives and will not claim additional compensation for serving in said limited capacity as a Deputy Clerk.

[REDACTED]
Officer's Signature

CHICAGO POLICE DEPARTMENT
By Whom Employed

STATE OF ILLINOIS)
COUNTY OF COOK)

I do solemnly swear that I will support the Constitution of the United States and the Constitution of the State of Illinois and that I will faithfully discharge the duties of the Office of a Deputy Clerk of the Circuit Court of Cook County, Illinois to the best of my ability.

[REDACTED]
Officer's Signature

John McCann Det 20461
(Please Print) Officer's Name Rank Star No.

SIGNED AND SWORN to before me

JAN 11, 2001

[REDACTED]
Clerk of the Circuit Court of Cook County

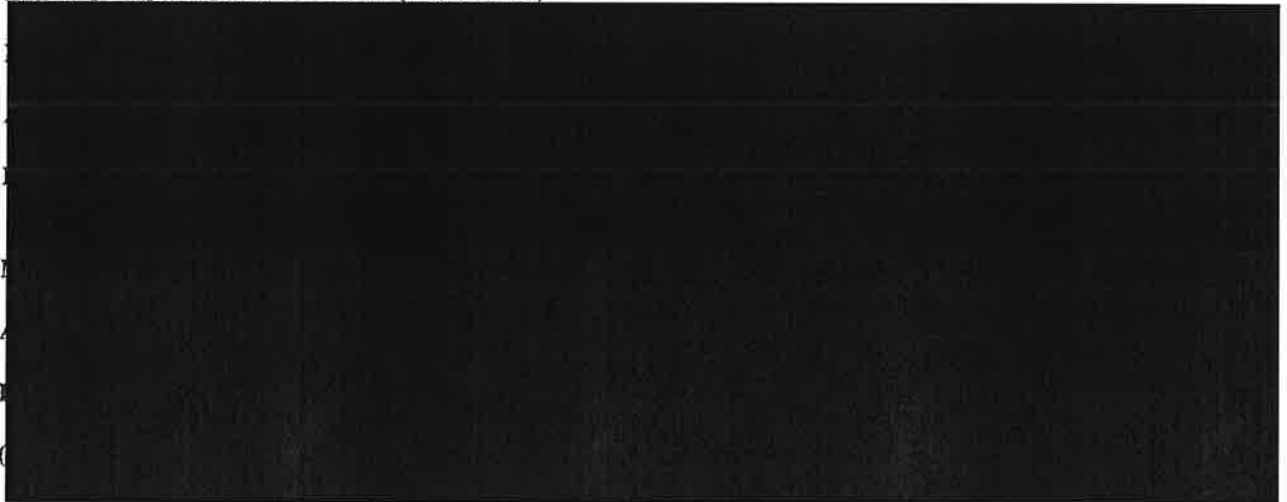
By [REDACTED] Deputy Clerk

DATE 11 Sep 98

PERSONNEL INFORMATION SHEET

NAME MC CANN, John E. STAR# 20461 RANK Det.
ADDRESS [REDACTED] PHONE# 7 [REDACTED]
DIST OF RES: 022 ZIP 60655 PAGER# [REDACTED]
DRIVER'S LICENSE# [REDACTED] EXP. 01 Dec 99
EMPLOYEE# [REDACTED] SOC SEC# [REDACTED]
DATE OF BIRTH [REDACTED] 43 DATE OF APPOINTMENT 14 Sep 70
DET'S LOCKER ROOM: LOCKER# 176
005TH DISTRICT LOCKER ROOM: LOCKER# ~~523~~ 482 LOCATION (PATROLMEN, PATROLOWOMEN, SGT)
SAFETY VEST# 0540333 HELMET# 70-232
PRIMARY WEAPON(S): MAKE Smith & Wesson MODEL 19-3 SER [REDACTED]
CITY FIREARM REGISTRATION# [REDACTED] DATE REG 09 Feb 83
SECONDARY WEAPON(S): MAKE [REDACTED] MODEL [REDACTED] SER [REDACTED]
CITY FIREARM REISTRATION# [REDACTED] DATE REG [REDACTED]
F.O.I.D. CARD# [REDACTED] SEMI-AUTO CARD# [REDACTED]

EMERGENCY NOTIFICATION: (LIST TWO)



5.5 Be cognizant of the tone of E-Mail messages. Sarcasm may be interpreted as hostility.

5.6 Use common courtesies that would be extended in letter correspondence.

5.7 Do not use all capital letters, since this is tantamount to "yelling" on the Internet.

6. Confidentiality, Monitoring and Enforcement

6.1 Users may not share Internet or E-Mail access with anyone unless authorized to do so, and may not disclose the contents or existence of City computer files, E-Mail, or other information to anyone other than authorized recipients.

6.2 Users do not have a personal privacy interest in anything created, received, or stored on City Internet or E-Mail systems.

6.3 The City of Chicago has the right to monitor Internet and E-Mail use to ensure that these resources are being used for business purposes only, consistent with this Policy.

6.4 Inappropriate use of City Internet or E-Mail resources, in violation of this Policy, will subject the user to corrective action consistent with the City of Chicago Personnel Rules, Police Board Rules, or other applicable policies and procedures, which may range from suspension of Internet and E-Mail access privileges up to and including discharge, or may affect contractual relationships.

7. INTERNET AND E-MAIL COMPLIANCE STATEMENT

7.1 I have read and understand the above City of Chicago Internet and Electronic Mail Use Policy, and acknowledge that any use of City Internet or E-Mail resources in violation of this Policy will subject me to corrective action consistent with the City of Chicago Personnel Rules, Police Board Rules, or other applicable policies and procedures, which may range from suspension of Internet and E-Mail access privileges up to and including discharge, or may affect contractual relations.

JOHN McCANN
Print Name

[Redacted]
Signature of User

[Redacted]
Signature of Supervisor

C.P.D.
Department

225698
Date

225698
Date

Name of Person Making Designation of Beneficiary: MCCANN, John E.

DESIGNATION OF BENEFICIARY

In accordance with the provisions of the "Law Enforcement Officers, Civil Defense Workers, Civil Air Patrol Members, Paramedics, Firemen, Chaplains, and State Employees Compensation Act," 820 ILCS 315/1 et. seq., I hereby designate the following person or persons as beneficiary or beneficiaries, in the event that compensation benefits are payable if I am killed in the line of duty:

Complete name and address
of each beneficiary:

Relationship,
if any:

Percentage Shares:

[REDACTED]

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Print name (first, middle, last) of person making designation of beneficiary:

[REDACTED]

Address:

[REDACTED]

Date of Birth:

[REDACTED]

43

Social Security Number

[REDACTED]

Place of Employment under the Act:

CHICAGO POLICE DEPARTMENT

Address:

1121 S. STATE STREET, CHICAGO, ILLINOIS 60605

Signature of Witness:

Signature of person making designation of beneficiary:

[REDACTED]

Address of Witness:

[REDACTED]

Date:

04 Dec 98

*Effective January 1, 1996, the beneficiary compensation amount is \$100,000.00

NAME (LAST) (FIRST) Mc Cann, John

HOME ADDRESS [REDACTED] ZIP CODE 60652

PHONE NO. [REDACTED]

EMPLOYEE NO. [REDACTED]

SOCIAL SECURITY NO. [REDACTED]

APPOINTMENT DATES 14 Sept 70

SWORN ☒ CIVILIAN ☐

DATE OF NATURALIZATION [REDACTED]

DIST. OF RES. [REDACTED]

SEX [REDACTED] YEAR OF BIRTH DAY MONTH YEAR [REDACTED]

CITIZEN ☐ YES ☐ NO

HEIGHT [REDACTED] WEIGHT [REDACTED] COLOR HAIR [REDACTED] COLOR EYES [REDACTED] BLOOD TYPE [REDACTED]

MARITAL STATUS [REDACTED] NAME OF SPOUSE [REDACTED] BENEFICIARY ON INSURANCE [REDACTED]

PHYSICAL DISABILITIES [REDACTED]

EMERGENCY NOTIFICATION, IF DIFFERENT THAN ABOVE - NAME & PHONE NO. [REDACTED]

FULL DUTY ☐ LIGHT DUTY ☐

CIRCLE HIGHEST GRADE OF EDUCATION COMPLETED 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16

EDUCATION

GRADE SCHOOL [REDACTED] FROM (MONTH & YEAR) Sept. 49 TO (MONTH & YEAR) June 57

HIGH SCHOOL [REDACTED]

COLLEGE [REDACTED] SEPT 59 JUNE 62

CREDIT HOURS [REDACTED] DEGREE ATTAINED [REDACTED]

POLICE TRAINING AND SPECIAL QUALIFICATIONS

I.S. REVOLVER 344-90 General Duty 8 Dec 91 I.S. Nonlethal Sept. 74-91

Should know 74-91 I.S. Training 8 Dec 91 I.S. 8 Dec 91

MILITARY SERVICE [REDACTED]

PREVIOUS OCCUPATIONS [REDACTED]

PROMOTIONS [REDACTED]

OTHER [REDACTED]

DETECTIVE 1 Sept. 78

FIREARMS	MAKE	SERIAL NO.	CAL.	BARREL LENGTH	EQUIPMENT		PERFORMANCE RATINGS			
					ITEM	NUMBER	YEAR	JAN.-JUNE	JULY-DEC.	YEAR
S&W	[REDACTED]	[REDACTED]	357	4	HELMET	70-237	1987	[REDACTED]	[REDACTED]	94
S&W	[REDACTED]	[REDACTED]	38		AEROSOL TEAR GAS WEAPON (HOLSTER TYPE)		88	[REDACTED]	[REDACTED]	95
					LOCKER		89	[REDACTED]	[REDACTED]	96
					<i>Deputy Vest</i>	<i>540333</i>	90	[REDACTED]	[REDACTED]	97
							91	[REDACTED]	[REDACTED]	98
							92	[REDACTED]	[REDACTED]	99
							93	[REDACTED]	[REDACTED]	

SW-QUALIFIED

NAME (LAST)

MCANAN JOAN

(FIRST)

E

8137

EMPLOYEE NO.

6650

EMPLOYEE NO.

1511

SOCIAL SECURITY NO.

M

APPOINTMENT DATE

14 SEPT 70

WAY ONE GROUP

HOME ADDRESS

[REDACTED]

PHONE NO.

[REDACTED]

SEX

DATE OF BIRTH

DAY MONTH YEAR

DISTRICT OF RESIDENCE

1 DEC 73

01K LAWN

HEIGHT

WEIGHT

COLOR HAIR

COLOR EYES

6' 1"

200

BROWN

BLUE

PHYSICAL DISABILITIES

NONE

CIRCLE HIGHEST GRADE OF EDUCATION COMPLETED 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16

GRADE SCHOOL

HIGH SCHOOL

COLLEGE

POLICE TRAINING & ST

Training School 25426 NOV 74 - CPR TRAINING - 15 MAR 79 - DEADLY FORCE 22 FEB 78

EDUCATION

MILITARY SERVICE

PREVIOUS OCCUPATIONS

PROMOTIONS

FIREARMS

EQUIPMENT

EFFICIENCY RATINGS

MAKE

SERIAL NO.

CAL.

BARREL LENGTH

ITEM

NUMBER

YEAR

JANUARY

JULY-DEC.

JULY-DEC.

Law

Schw

357

38

4"

HELMET

70-237

AEROSOL TEAR GAS WEAPON (HOLSTER TYPE)

2984364

LOCKER

71

72

73

74

75

76

77

78

79

80

81

82

1983

84

85

86

[illegible]

NAME McCann, John E.

EMPLOYEE NO.

NUMBER

HOME ADDRESS

STREET

NUMBER

HOME ADDRESS

STREET

PLACE OF
BIRTH

Evergreen Park, Ill.

DATE

12 "1

43

HEIGHT

6'1"

WEIGHT

6'1" 200

COLOR
EYES

Blue

COLOR
HAIR

Brn.

PHYSICAL
DISABILITIES

None

MARITAL
STATUSSINGLE ☒MARRIED ☐ DATEDIVORCED ☐ DATEWIDOWED ☐ DATE

EDUCATION

NAME

GRADE

SCHOOL

HIGH

SCHOOL

COLLEGE

OTHER

YEARS

8

YEARS

3

YEARS

YEARS

GRADUATE

YES ☒ NO

GRADUATE

YES ☒ NO

GRADUATE

YES ☐ NO

A. C. V.

MAJOR

DEGREE

YEAR

MILITARY SERVICE:

SEPARATIONS

+ + 30121

DATE

TYPE

REINSTATEMENT
DATE

DATE

TYPE

REINSTATEMENT
DATENOTIFY
IN
EMERGENCYDATE OF
PROB'Y. APPT.
DATE OF
REGULAR APPT.

9-14-70

DATE OF
TEMPORARY APPT.

LAST NAME

FIRST NAME

MIDDLE NAME

STAR NO.

EMPLOYEE NO.

McCann

John

Edward

8137 15116 6250

Residency Affidavit

City of Chicago

Department Chicago Police Department

Bureau A/3 Violent Crimes

Name John E. McCANN

Position title Detective

Social security number [REDACTED]

I understand and acknowledge that as a condition of employment with the City of Chicago I must be an actual resident of the City of Chicago.

My address is [REDACTED]

(zip code) 60652

I understand that the falsification of this statement of address shall constitute grounds for discharge from the City Service.

I understand and acknowledge that I must report any change of address immediately to my department head and to the Department of Personnel and that failure to provide such notification shall constitute grounds for discharge from the City Service.

BY SIGNING THIS RESIDENCY AFFIDAVIT, I ACKNOWLEDGE AND REPRESENT THAT I HAVE FULLY READ AND UNDERSTAND BOTH THE FRONT AND REVERSE SIDES OF THIS RESIDENCY AFFIDAVIT, AND FURTHER CERTIFY THAT THE INFORMATION WHICH I HAVE PROVIDED HEREIN IS TRUE AND CORRECT.

Signed [REDACTED]

Date 16 Dec 83

Complete and sign two copies.
First copy to department file.
Second copy to Department of Personnel.

(See reverse side.)

CITY OF CHICAGO
DEPARTMENT OF PERSONNEL
EMPLOYEE CHANGE OF ADDRESS

DEPARTMENT Chicago Police Dept. BUREAU A/3. V.O.
NAME Det. John McGara #8137
POSITION TITLE Detective
SOCIAL SECURITY NUMBER [REDACTED]

I understand and acknowledge that as a condition of employment with the City of Chicago I must be an actual resident of the City of Chicago.

Old Address [REDACTED] (Zip Code) 60632
New Address [REDACTED] (Zip Code) 60652
Effective Date 1 Jul 83
New Phone Number [REDACTED]

I understand that the falsification of this statement of address shall constitute grounds for discharge from the City Service.

I understand and acknowledge that I must report any change of address immediately to my department head and to the Department of Personnel and that failure to provide such notification shall constitute grounds for discharge from the City Service.



Signed [REDACTED]

Date 13 Jul 83

Complete and sign two copies.
First copy to departmental file.
Second copy to Department of Personnel.

(See Reverse Side)

Per-72

In order for a City employee to be most effective, he or she must identify with the needs and aspirations of the residents of the City of Chicago. This sense of identification can only be accomplished if the employee is, in fact, an actual resident of the City. As a City resident an employee participates directly in the activities of a neighborhood of the City. This participation and commitment is essential to the development of a strong sense of public service as it relates to the citizens of Chicago. It has been and will continue to be a requirement for City employment that all employees of the City, irrespective of status, shall be actual residents of the City of Chicago. This policy is stated in Section 25-30 of the Municipal Code of Chicago, the Rules of the Department of Personnel and other departmental rules or labor contracts governing particular classes of employees. It is essential that this policy be applied uniformly to all employees in all departments. It is the responsibility of every department head to ensure that this policy is carried out. A department head shall take immediate action for the discharge of any employee not in compliance with the requirement that he/she be an actual resident of the City of Chicago.

Any request for assistance in the implementation of this policy should be directed to the Commissioner of Personnel.

For your information, an opinion of the Corporation Counsel states in part: "...actual residence has been found to contemplate substantially the same attributes as are intended when the word 'domicile' is used, and a permanent and fixed character is intended."

"...an actual resident has been held to be one who is in a place with the intent to establish there his domicile or permanent residence."

The opinion goes on to say: "...the acquisition of a local address solely for the purpose of claiming it as a residence as a requirement of public employment must be viewed as a subterfuge designed to avoid the obvious objectives of the ordinance. What is required is that the employee actually dwell at the purported residence, not that he have a mailing address at which he may on occasion spend some minimal amount of time, while, for example, his family lives outside the city and his children attend schools outside of the city in which the employed parent purports to reside."

Most recently, the Illinois Supreme Court, in upholding the City's residency requirement, described actual residence as a person's "true, permanent home" and "principal residence [and] domicile."

(See reverse side.)

CITY OF CHICAGO POLICY ON RESIDENCY AS A CONDITION OF EMPLOYMENT

In order for a City employee to be most effective he or she must identify with the needs and aspirations of the residents of the City of Chicago. This sense of identification can only be accomplished if the employee is, in fact, an actual resident of the City. As a City resident an employee participates directly in the activities of a neighborhood of the City. This participation and commitment is essential to the development of a strong sense of public service as it relates to the citizens of Chicago. It has been and will continue to be a requirement for City employment that all employees of the City, whether they are in exempt status, career service status or provisional status, shall be actual residents of the City of Chicago. This policy is stated in Section 25-30 of the Municipal Code of Chicago as well as in the Rules of the Department of Personnel. It is essential that this policy be applied uniformly to all employees in all departments. It is the responsibility of every department head to ensure that this policy is carried out. A department head shall take immediate action for the discharge of any employee not in compliance with the requirement that they be actual residents of the City of Chicago.

Any request for assistance in the implementation of this policy should be directed to the Director of Personnel.

For your information a recent opinion of the Corporation Counsel states in part: "actual residence has been found to contemplate substantially the same attributes as are intended when the word 'domicile' is used, and a permanent and fixed character is intended."

".....an actual resident has been held to be one who is in a place with the intent to establish there his domicile or permanent residence."

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CITY OF CHICAGO

DEPARTMENT CHICAGO Police BUREAU PATROL
NAME PTLMA John M?CHAN
POSITION TITLE PATROLMAN
SOCIAL SECURITY NO. [REDACTED]

I understand and acknowledge that as a condition of employment with the City of Chicago I must be an actual resident of the City of Chicago.

My address is: [REDACTED]

CHICAGO (zip code) 60632

I understand that the falsification of this statement of address shall constitute grounds for discharge from the City Service.

I understand and acknowledge that I must report any change of address immediately to my department head and to the Department of Personnel and that failure to provide such notification shall constitute grounds for discharge from the City Service.

Signed [REDACTED]

Date 27 MAY 76

Complete and sign two copies.
First copy to departmental file.
Second copy to Department of Personnel.



CITY OF CHICAGO POLICY ON RESIDENCY AS A CONDITION OF EMPLOYMENT

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City of Chicago
Employee Change of Address Form

Department Police Department Bureau

Name McCann, John E.

Position title Detective

Social Security number [REDACTED]

I understand and acknowledge that as a condition of employment with the City of Chicago I must be an actual resident of the City of Chicago.

Old Address [REDACTED] Zip Code 60652

New Address [REDACTED] Zip Code 60655

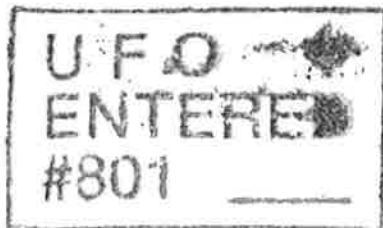
Effective Date 5 Aug 96

New Phone Number [REDACTED]

I understand that the falsification of this statement of address shall constitute grounds for discharge from the City Service.

I understand and acknowledge that I must report any change of address immediately to my department head and to the Department of Personnel and that failure to provide such notification shall constitute grounds for discharge from the City Service.

By signing this residency affidavit, I acknowledge and represent that I have fully read and understand **both the front and reverse sides** of this residency affidavit, and further certify that the information which I have provided herein is true and correct.



Signed [REDACTED]

Date 14 AUG 96

Complete and sign two copies.
First copy to departmental file.
Second copy to Department of Personnel.

CC

NOTICE TO EMPLOYEES - ETHICS RULES

All employees of the City of Chicago owe their primary business/employment loyalty to the city and its citizens. In addition to the obligation to perform duties in a satisfactory manner, there are various ethical restrictions and obligations imposed by the City. Violation of these restrictions and obligations may result in discipline, up to and including discharge.

Gifts/Money. You may not accept any anonymous gift. You may not accept gifts from persons or organizations whose City business you are in a position to affect, with the exception of occasional non-cash gifts valued at less than \$50. You may not accept anything of value intended to influence official decisions or actions, or in return for advice on City business or operations. Any gifts you accept on behalf of the City must be reported promptly to the Board of Ethics.

Dual Employment. You may not use City time or City-owned property in any non-City employment or business. You may not use or reveal confidential information gained from City employment. The Chicago Police Department has the right to restrict secondary employment for good cause.

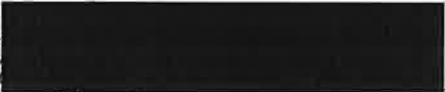
Interest in City Business. You may not take part in or influence any governmental decisions in which you have an economic interest. You may not have a financial interest, in your name or in the name of any other person, in any contract, work or business of the City. Such a financial interest can include being an employee or consultant in any City business undertaken by an immediate family member.

Property. You may not engage in or permit the unauthorized use of City-owned property. You may not have a financial interest in the purchase of City property unless it is sold through public, competitive bidding.

Relatives. You may not hire or advocate the hiring of relatives for jobs with the City agency where you are employed. You may not supervise or involve yourself with any City contract that benefits a relative.

These obligations and restrictions are set forth in detail in Chapter 2-156 of the Municipal Code, and in the Personnel Rules of the City. This Notice is intended to describe some of the more common situations covered by the ethics rules; it is not a substitute for a review both of Chapter 2-156 and the Personnel Rules. If you have any questions about your ethical obligations, contact the City of Chicago Board of Ethics, 744-9660.

I hereby acknowledge receipt of a copy of the foregoing notice this ____ day of April, 1994.

Signature: 

Name: John McLean


* You must return a signed copy of this Notice to your department head.

DESIGNATION OF BENEFICIARY

In accordance with the provisions of the "LAW ENFORCEMENT OFFICERS, CIVIL DEFENSE WORKERS, CIVIL AIR PATROL MEMBERS, PARAMEDICS AND FIREMENT COMPENSATION ACT," I hereby designate the following as beneficiary or beneficiaries, in the event that the \$50,000 benefits are payable by reason of my death in the line of duty.

Complete Name & Address of each Beneficiary	Relationship, if any	Percentage % Share
---	----------------------	--------------------

1.

[Redacted]

2. Name

Address

City/State

3. Name

Address

City/State

4. Name

Address

City/State

Print Name (first, middle, last):

John E. McCann

Home Address:

[Redacted]

Date of Birth

43

Social Security Number:

[Redacted]

Place of Employment under the Act:

Chicago Police Department

Address of Employment:

1121 South State Street, Chicago, IL 60605

Signature of Witness:

[Redacted]

Signature of person designating benefits:

[Redacted]

Address of Witness:

[Redacted]

Date:

20 Dec 83

Date:

20 Dec 83

THE LAW ENFORCEMENT CODE OF ETHICS

As a Law Enforcement Officer, my fundamental duty is to serve mankind; to safeguard lives and property; to protect the innocent against deception; the weak against oppression or intimidation, and the peaceful against violence or disorder; and to respect the Constitutional rights of all men to liberty, equality and justice.

I will keep my private life unspotted as an example to all; maintain courageous calm in the face of danger, scorn, or ridicule; develop self-restraint; and be constantly mindful of the welfare of others. Honest in thought and deed in both my personal and official life, I will be exemplary in obeying the laws of the land and the regulations of my department. Whatever I see or hear of a confidential nature or that is confided to me in my official capacity will be kept ever secret unless revelation is necessary in the performance of my duty.

I will never act officiously or permit personal feelings, prejudices, animosities, or friendships to influence my decisions. With no compromise for crime and with relentless prosecution of criminals, I will enforce the law courteously and appropriately without fear or favor, malice or ill will, never employing unnecessary force or violence and never accepting gratuities.

I recognize the badge of my office as a symbol of public faith, and I accept it as a public trust to be held as long as I am true to the ethics of the police service. I will constantly strive to achieve these objectives and ideals, dedicating myself before God to my chosen profession—Law Enforcement.

I have read the foregoing Law Enforcement Code of Ethics and fully understand it. I subscribe to it wholeheartedly and without reservation and pledge that I will abide by it throughout my career as an honored and honorable member of the Chicago Police Department.

(Signed) _____

Rank Patrol Ptlman Star No. 15116

Detective Division

27 July 1970

To Commanding Officer Recruit Processing Section
From Detective J. Cooley 5461 General Assignment Area 2
Subject Background Investigation Prob. Ptlmn. Candidate-John E. McCann
[REDACTED]

Det. [REDACTED]

INSTRUCTIONS: Fill out this application completely and accurately. If your application is made out properly it may **increase** your chances of **employment**. All statements in your application are subject to **verification**. **Incorrect statement (s)** may bar or remove you from employment. If writing space provided is inadequate, use the continuation sheet at the end of this application and identify additional information by question number. Use the term 'DNA' ('does not apply') if the question does not apply.

PROB. PTLMN.

1. ROOM NUMBER, ALIAS, STREET, CITY, STATE, ZIP CODE, ZIP+4	2. ROOM PHONE	3. ROOM SECURITY No.

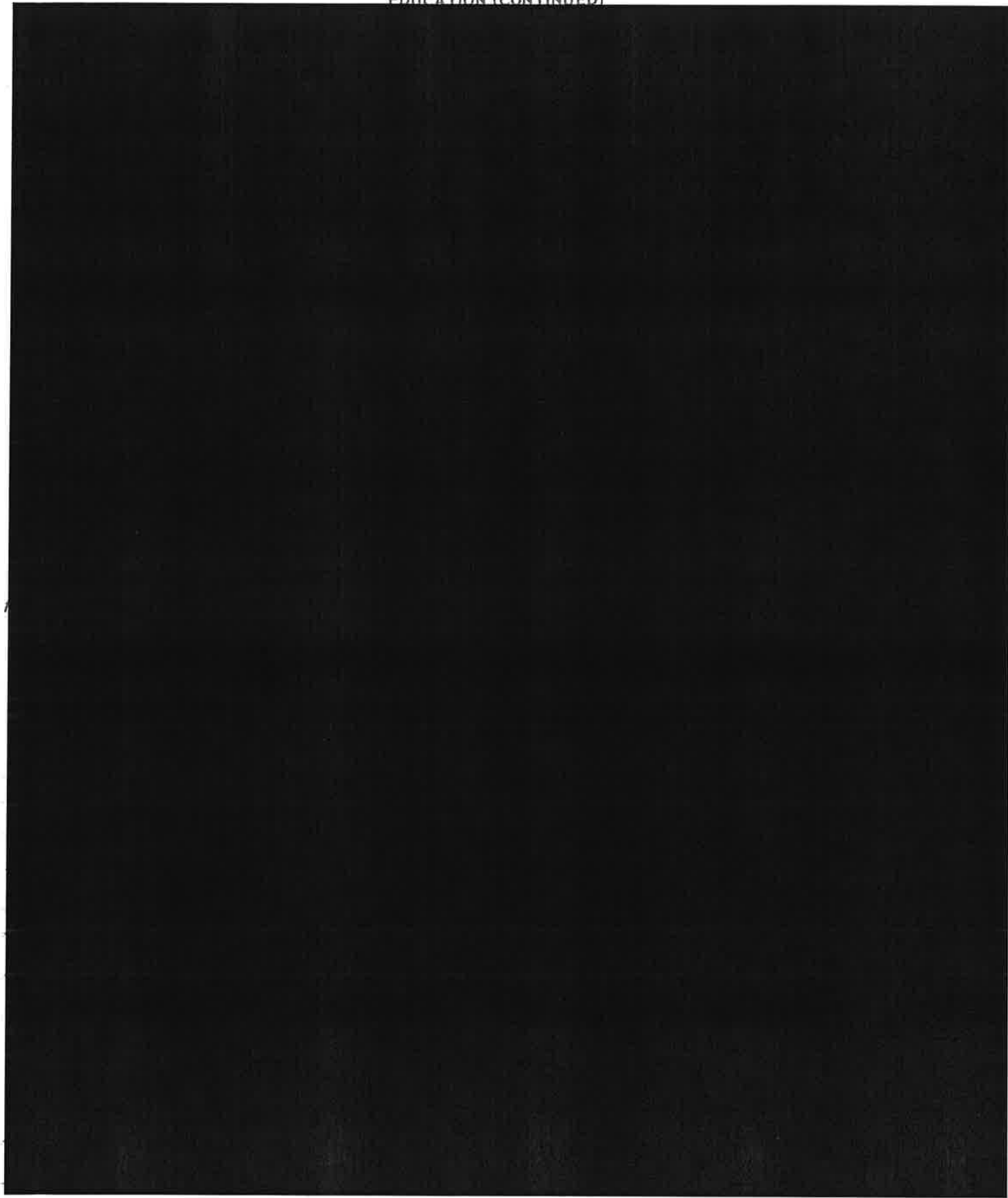
15. LIST ANY SCARS, BIRTHMARKS, BLEMISHES, DEFORMITIES, AMPUTATIONS, TATOOS, ETC., THAT YOU MAY HAVE.

NOTE

~~ALL OTHER MEMBERS OF YOUR IMMEDIATE FAMILY WHO IS STILL LIVING INCLUDE FATHER MOTHER SISTERS & BROTHERS~~

[illegible]

EDUCATION (CONTINUED)



DB, IF YOU HAD NO MILITARY SERVICE EXPLAIN

EMPLOYMENT (CONTINUED)

2

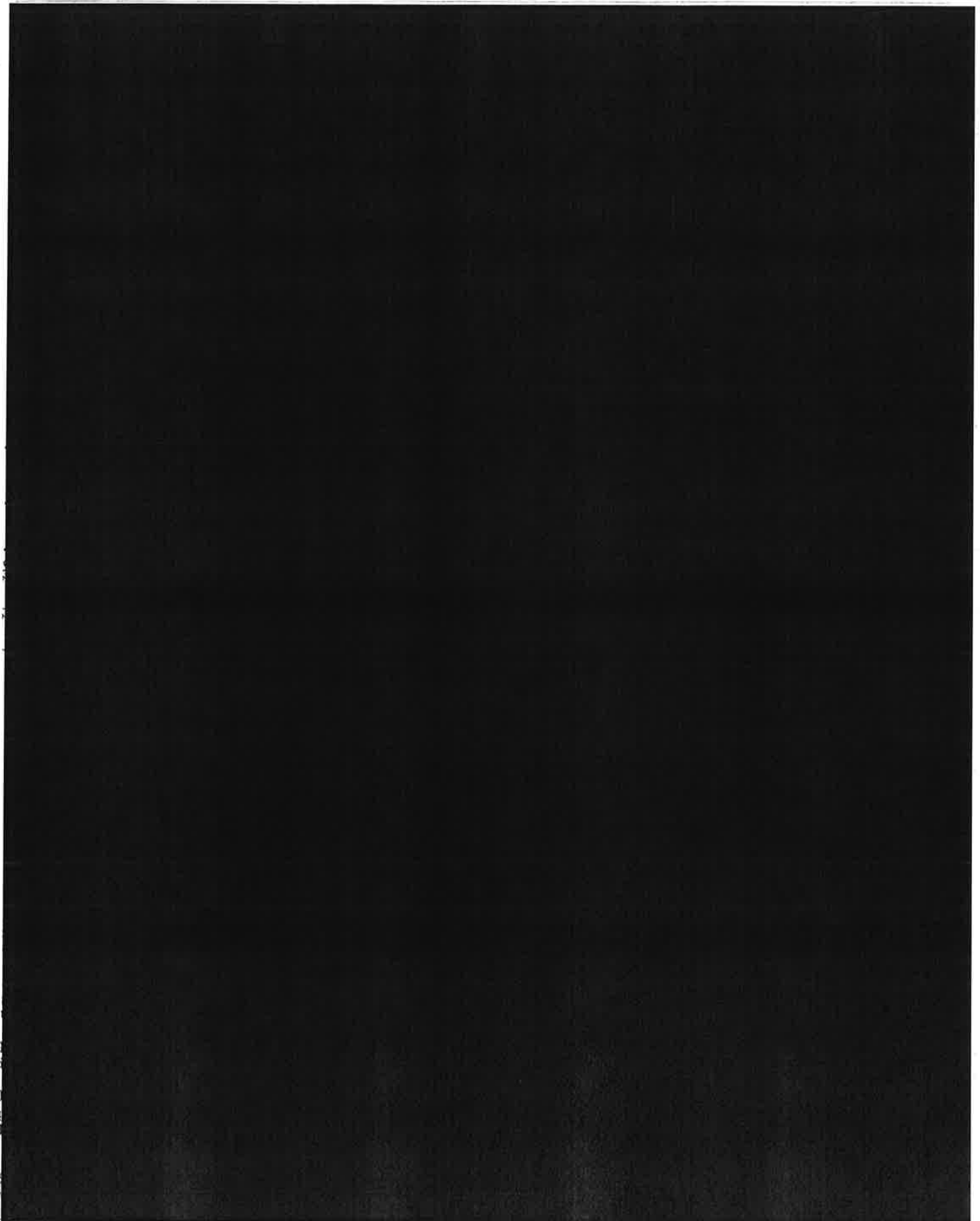
3

4

5

EMPLOYMENT (CONTINUED)

REFERENCES



SIGNATURE IN FULL

DATE

CONTINUATION SHEET

Indicate in the left hand column the number of the question you are answering, then complete your answer in the space provided.

QUESTION
NUMBER

CONTINUATION OF ANSWER

SIGNATURE

DATE

TO WHOM IT MAY CONCERN:

I respectfully request that you forward to the Chicago Police Department any and all information that you may have concerning me, my work record, or my reputation. Also please give any information that may appear in my personnel file. This information is to be used to determine my qualifications and fitness for the position I am seeking with the Chicago Police Department.

I hereby release you and/or your employer from any liability and damage of whatsoever nature on account of furnishing the information requested above.

Signature

Date



Feb 4, 1970

EXPLANATION OF TERMS

TYPE OF DUTY PERFORMED: For example, squadrol or car patrol duty while under the supervision of the rating supervising sergeant.

PERFORMANCE TRAITS:

1. PERSONAL NEATNESS: Uniform cleaned and pressed? Shoes shined and in good repair? Equipment displayed correctly? Well groomed? Physically clean? Clean shaven, hair cut?
2. INITIATIVE: Does the patrolman have to be constantly supervised and told what to do? Does he take correct action to handle police situations? Does he engage in aggressive patrol?
3. ABILITY TO LEARN AND APPLY FROM EXPERIENCE: How many times does something have to be explained before he catches on? Does he learn rapidly? Does he profit from experience?
4. ATTITUDE TOWARDS THE PUBLIC: Is the patrolman tactful? Is he fair? Is he a gentleman? Respectful? Trustworthy? Does he project a good image and demeanor?
5. ATTITUDE TOWARDS FELLOW OFFICERS: Does he get along well with other men in the unit? Does he take orders well? Does he comply cheerfully when ordered to do something? Are the unit's most effective officers willing to work with this man?
6. REPORT WRITING: Are the patrolman's reports legible, complete, prompt, and accurate?
7. MAINTENANCE OF EQUIPMENT: Does the patrolman keep his equipment, both personal and Department, in good repair? Clean?
8. PUNCTUALITY AND ATTENDANCE: Is the patrolman often late or absent? Can he be depended upon to keep his appointments punctually? Does he utilize all of his time properly?
9. SAFETY: Is the patrolman a safe driver? Does he approach offenders safely? Does he handle his weapon safely? Does he observe precautions in maintaining custody of prisoners?

GUIDANCE SESSION REPORT

The guidance session should not be conducted as an interrogation or lecture. The patrolman should be put at ease and invited to freely discuss and define any problem he may have encountered while making the adjustment to his new police career. Consider the possibility of outside influences, such as personal, domestic, or financial problems. Encourage him to arrive at his own solutions. Would the recruit benefit from a counselling session with the chaplain, a doctor, or a psychiatrist?

Use the Field Evaluation Section as a guide in conducting the guidance session.

IMPORTANT

This form should be returned to the Recruit Processing Section before the Date Due in order to ensure that it may be properly reviewed before the end of the probationary period.

PROBATIONARY PATROLMAN'S PERFORMANCE EVALUATION

SEE REVERSE SIDE FOR EXPLANATION OF TERMS

DATE DUE
IN RECRUIT
PROCESSING:

DATE OF EVALUATION

NAME (LAST) McCANN, John E.	(FIRST) John E.	(M.I.)	STAR NO. 6250	EMPLOYEE NO. [REDACTED]	DATE OF CIVIL SERVICE APPOINTMENT 14 Sept. 1970
DISTRICT/UNIT OF ASSIGNMENT 002	DATE ASSIGNED 16 April 1971	FOR EVALUATION PERIOD ENDING 9 June 1971	WEEK IN FIELD 7th		

CHECK ONE	EXCELLENT	GOOD	SATISFACTORY	FAIR	UNSATISFACTORY	PERFORMANCE TRAITS
	<div style="display: flex;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg);">FIELD EVALUATION (TO BE COMPLETED BY SUPERVISING SERGEANT)</div> <div style="background-color: black; width: 100%; height: 100%;"></div> </div>					
					INITIATIVE	
					ABILITY TO LEARN AND TO APPLY FROM EXPERIENCE AND TRAINING	
					ATTITUDE TOWARDS THE PUBLIC	
					ATTITUDE TOWARDS FELLOW OFFICERS AND SUPERVISORS	
					REPORT WRITING	
					MAINTENANCE OF EQUIPMENT	
					PUNCTUALITY AND ATTENDANCE	
					SAFETY	
					EFFECTIVENESS IN STREET PATROL	

SIGNATURE <i>[Signature]</i>	RANK <i>Sgt.</i>	STAR NO. <i>1832</i>	DATE <i>25 June 71</i>	FORWARD THIS FORM TO WATCH COMMANDER
---------------------------------	---------------------	-------------------------	---------------------------	--------------------------------------

GUIDANCE SESSION REPORT (TO BE COMPLETED BY WATCH COMMANDER)				

RANK <i>Capt.</i>	STAR NO. <i>34</i>	DATE <i>26 June 71</i>	FORWARD THIS FORM TO UNIT COMMANDER
----------------------	-----------------------	---------------------------	-------------------------------------

I RECOMMEND THAT THIS PROBATIONARY PATROLMAN BE: ☐ DISCHARGED ☒ RETAINED

NOTE: IMMEDIATELY NOTIFY THE RECRUIT PROCESSING SECTION OF ANY COMPLAINTS, INCIDENTS, OR SITUATIONS WHERE THE PROBATIONARY PATROLMAN RECEIVES A COMPLAINT NUMBER OR IS INVOLVED IN ANY WAY IN AN INVESTIGATION BY THE INTERNAL INSPECTIONS DIVISION.

SPECIFIC REASON FOR THIS RECOMMENDATION

Has a good potential

DATE <i>28 July 71</i>	DO YOU WISH TO RETAIN THIS MAN IN YOUR UNIT? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
---------------------------	---

AUTHORIZATION FOR RELEASE C. MILITARY & MEDICAL INFORMATION.

INSTRUCTIONS: Please TYPE or PRINT.

APPLICANT: Prepare in duplicate: Complete items No. 1 thru 8.

MILITARY BRANCH: Please complete items No. 9 thru 14 and return to: Chicago Police Department, Personnel Division, Recruit Processing Section, 1121 South State Street, Chicago, Illinois 60605.

DATE

7621-1

4 FEB - 70

(NAME & ADDRESS OF MILITARY BRANCH)

TO:

1. NAME OF APPLICANT McLANN John E		2. PRESENT HOME ADDRESS [REDACTED]	
3. BRANCH OF SERVICE ARMY	4. SERVICE NO. US 558182871	5. DATE SEPARATED FROM ACTIVE SERVICE 7 APR 67	
6. PRESENT MILITARY STATUS <input type="checkbox"/> AIR FORCE RESERVE <input checked="" type="checkbox"/> ARMY RESERVE <input type="checkbox"/> NAVAL RESERVE <input type="checkbox"/> MARINE CORP. RESERVE <input type="checkbox"/> NONE			

As an applicant for a position with the Chicago Police Department, I am required to furnish information for use in determining my moral, physical and mental qualifications. In this connection, I authorize release of the information from my military and related medical records.

7. APPLICANT FOR POSITION OF
☒ PROBATIONARY PATROLMAN
☐

INFORMATION BELOW TO BE FILLED OUT BY MILITARY BRANCH

9. DATE OF ENTRY	DATE SEPARATED	REASON FOR SEPARATION	CHARACTER OF SERVICE
7 May 65	18 Apr 67	Early separation of overseas re- turnees.	Honorable

10. DISCIPLINARY DATA, IF ANY INCLUDING DISPOSITION ☒ NONE ☐ SEE REMARKS

SIGNIFICANT ILLNESSES OR INJURIES, IF ANY ☐ NONE ☐ SEE REMARKS ☐ SEE ATTACHED DOCUMENTS

PSYCHIATRIC OBSERVATIONS AND TREATMENT, IF ANY ☐ NONE ☐ SEE REMARKS ☐ SEE ATTACHED DOCUMENTS

PHYSICAL CONDITION AT TIME OF SEPARATION ☒ REPORT OF SEPARATION PHYSICAL ATTACHED

11. REMARKS:

Medical information should be treated as privileged as is customary in civilian professional practice.

REINHOLD G. WICKHAM
Major General, USA
The Adjutant General
ADJ-PRO-BG

☐ CONTINUED ON REVERSE SIDE

12. RELEASING OFFICE

13. RELEASED BY (SIGNATURE)

14. DATE RELEASED

G. Contestabile

4-20-70

REPORT OF MEDICAL EXAMINATION

SS-100

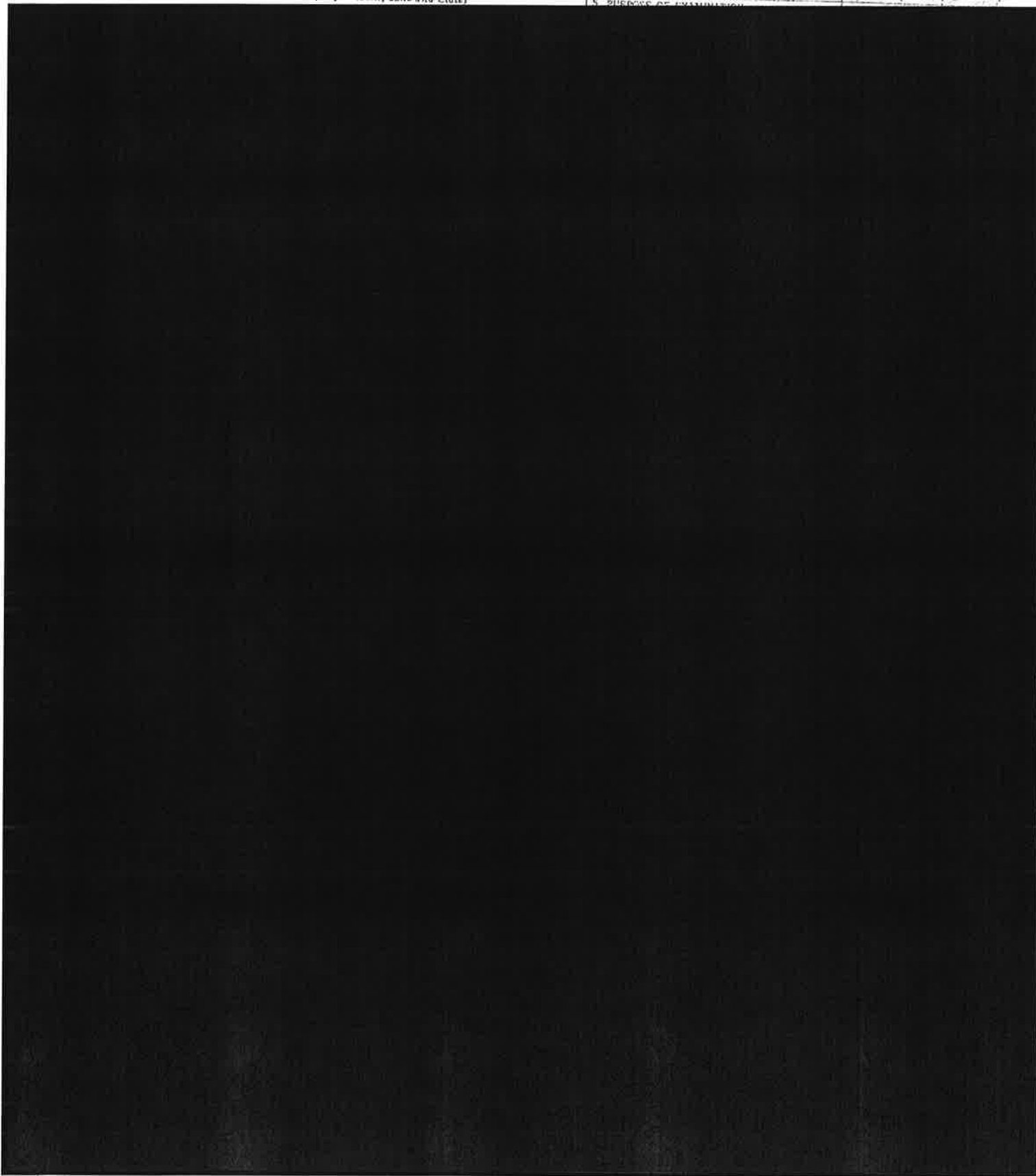
1. LAST NAME—FIRST NAME—MIDDLE NAME

2. GRADE AND COMPONENT OR POSITION

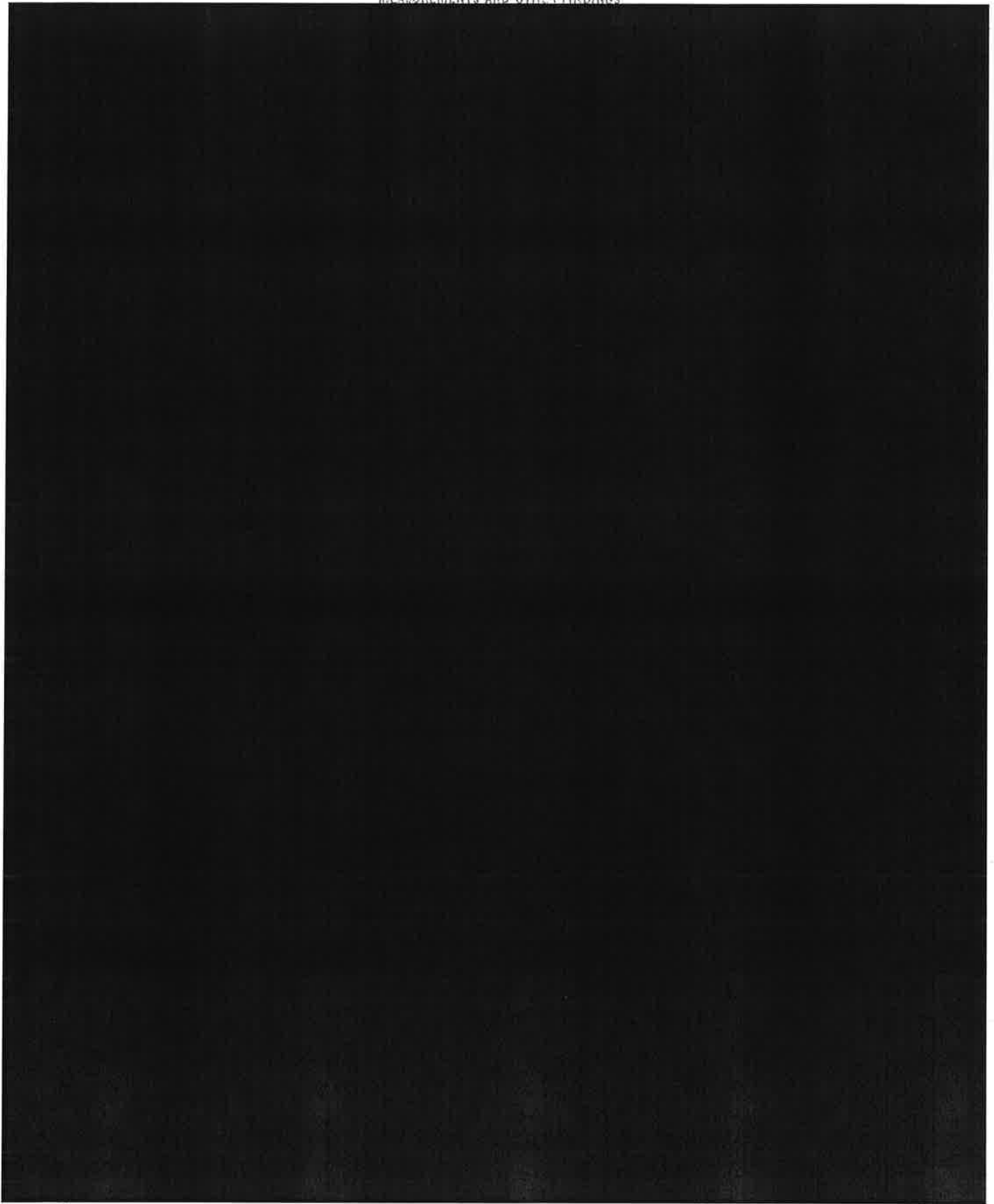
3. IDENTIFICATION NO.

4. HOME ADDRESS (Number, street or RFD, city or town, zone and State)

5. PURPOSE OF EXAMINATION



MEASUREMENTS AND OTHER FINDINGS



THIS IS AN IMPORTANT RECORD
SAFEGUARD IT.

1. LAST NAME - FIRST NAME - MIDDLE NAME MC CANN, JOHN EDWARD		2. SERVICE NUMBER US 55 818 287		3. SOCIAL SECURITY NUMBER [REDACTED]	
PERSONAL DATA	4. GRADE RATE OR RANK SP4 (T)		5. PAY GRADE E4	6. DATE OF RANK	7. DATE OF RANK
	[REDACTED]				
SELECTIVE SERVICE DATA	[REDACTED]				
TRANSFER OR DISCHARGE DATA	[REDACTED]				
SERVICE DATA	[REDACTED]				
VA AND EMP. SERVICE DATA	[REDACTED]				
REMARKS	[REDACTED]				
AUTHENTICATION	[REDACTED]				

6 14:29

ARMED POLICE
DET
SARINEL DIV

OPENED SEPTEMBER 1950

PERMANENT RECORD

SCHOOL ACTIVITIES

Year	Activity
	

STANDARD TESTS

HEALTH RECORD

COUNTY
CLERK'S
RECORD
STATE OF ILLINOIS
DWIGHT H. GREEN, Governor
Department of Public Health—Division of Vital Statistics

CERTIFICATE OF BIRTH

1. PLACE OF BIRTH	Registration 4263
-------------------	----------------------

I hereby certify
record of
and filed
statutes re

DATE Jan 1900

AT: EVERGR